

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005931 (0)

1. Corporation Name

NORTH AMERICAN POTBELLIED PIG ASSOCIATION, INC.



Principal Place of Business

Mailing Address

408 14 STREET SW  
RUSKIN FL 33570408 14 STREET SW  
RUSKIN FL 33570-41093. Date Incorporated or Qualified  
12/02/19943a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3280799Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

BAKER, BARBARA  
408 14 STREET SW  
RUSKIN FL 33570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | PLAUCHE, KATHLEEN  | <i>Pres, Director</i>           |
| STREET ADDRESS | 707 BATTLE LAKE RD |                                 |
| CITY-ST-ZIP    | RIESEL TX          |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROLEY-HUBER, MARIANNE |  |
| STREET ADDRESS | PO BOX 918            |  |
| CITY-ST-ZIP    | MT ANGEL OR           |  |

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | SD             | <input type="checkbox"/> DELETE |
| NAME           | BAKER, BARBARA | <i>Secretary Director</i>       |
| STREET ADDRESS | 408 SW 14 ST   |                                 |
| CITY-ST-ZIP    | RUSKIN FL      |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | TD               | <input type="checkbox"/> DELETE |
| NAME           | FINCK, JANIE     | <i>Treasurer Director</i>       |
| STREET ADDRESS | 1400 S MANOR WAY |                                 |
| CITY-ST-ZIP    | ST PETERSBURG FL |                                 |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | D                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | BALDWIN, LOUISE   |  |
| STREET ADDRESS | 1641 BEDFORD OAKS |  |
| CITY-ST-ZIP    | BEDFORD TX        |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | THOMPkins, BEVERLY |  |
| STREET ADDRESS | 801 RUGBY PL       |  |
| CITY-ST-ZIP    | LOUISVILLE KY      |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |  |
|--------------------|--|
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | VD   |
| 2.3 STREET ADDRESS | BALDWIN, LOUISE  |
| 2.4 CITY-ST-ZIP    | 1641 BEDFORD OAKS<br>BEDFORD, TX   |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                    |  |
|--------------------|--|
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | TD   |
| 4.3 STREET ADDRESS | FINCK, JANIE   |
| 4.4 CITY-ST-ZIP    | 2016-64 ST. COURT EAST<br>BRADENTON, FL 34208                                |

|                    |  |
|--------------------|--|
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | CAROL WELCOMB  |
| 5.3 STREET ADDRESS | 11161 EDGERTON N.E.  |
| 5.4 CITY-ST-ZIP    | ROCKFORD, MI 49341   |

|                    |  |
|--------------------|--|
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | NANCY SHEPHERD   |
| 6.3 STREET ADDRESS | 304 CO. RD. 438  |
| 6.4 CITY-ST-ZIP    | ROCHEPORT, MO 65279  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that  
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.SIGNATURE: *Barbara C. Baker* BARBARA C. BAKER

1-20-97

813  
641-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Duplicates Phone # 800-455-5555

CR2E037 (9/96)